

CLAIMS ONLY							Application Number <b>09/340338</b>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	/		/		/						
2		/		/		/					
3		/		/		/					
4		/		/		/					
5		/		/		/					
6		/		/		/					
7		/		/		/					
8		/		/		/					
9		/		/		/					
10		/		/		/					
11		/		/		/					
12		/		/		/					
13		/		/		/					
14		/		/		/					
15		/		/		/					
16		/		/		/					
17		/		/		/					
18		/		/		/					
19		/		/		/					
20		/		/		/					
21	/		/		/						
22		/		/		/					
23		/		/		/					
24		/		/		/					
25		/		/		/					
26		/		/		/					
27		/		/		/					
28		/		/		/					
29		/		/		/					
30		/		/		/					
31		/		/		/					
32		/		/		/					
33		/		/		/					
34		/		/		/					
35		/		/		/					
36		/		/		/					
37	/		/		/						
38		/		/		/					
39		/		/		/					
40		/		/		/					
41		/		/		/					
42		/		/		/					
43		/		/		/					
44		/		/		/					
45		/		/		/					
46		/		/		/					
47		/		/		/					
48		/		/		/					
49		/		/		/					
50		/		/		/					
Total Indep	3		2		2						
Total Depend	35		33		33						
Total Claims	38		35		35						
51											
52											
53											
54											
55											
56											
57											
58											
59											
60											
61											
62											
63											
64											
65											
66											
67											
68											
69											
70											
71											
72											
73											
74											
75											
76											
77											
78											
79											
80											
81											
82											
83											
84											
85											
86											
87											
88											
89											
90											
91											
92											
93											
94											
95											
96											
97											
98											
99											
100											
Total Indep											
Total Depend											
Total Claims											

BEST AVAILABLE COPY

20/3

CLAIMS ONLY							Application Number <b>89/340 338</b>		Filing Date	
							Applicant(s)			
<b>8/5/02</b>							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										
51										
52										
53										
54										
55										
56										
57										
58										
59										
60										
61										
62										
63										
64										
65										
66										
67										
68										
69										
70										
71										
72										
73										
74										
75										
76										
77										
78										
79										
80										
81										
82										
83										
84										
85										
86										
87										
88										
89										
90										
91										
92										
93										
94										
95										
96										
97										
98										
99										
100										
Total Indep										
Total Depend										
Total Claims										

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number <b>09/340 338</b>		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101										
102										
103										
104										
105										
106										
107										
108										
109										
110										
111										
112										
113										
114										
115										
116										
117										
118										
119										
120										
121										
122										
123										
124										
125										
126										
127										
128										
129										
130										
131										
132										
133										
134										
135										
136										
137										
138										
139										
140										
141										
142										
143										
144										
145										
146										
147										
148										
149										
150										
Total Indep										
Total Depend										
Total Claims										
51										
52										
53										
54										
55										
56										
57										
58										
59										
60										
61										
62										
63										
64										
65										
66										
67										
68										
69										
70										
71										
72										
73										
74										
75										
76										
77										
78										
79										
80										
81										
82										
83										
84										
85										
86										
87										
88										
89										
90										
91										
92										
93										
94										
95										
96										
97										
98										
99										
100										
Total Indep										
Total Depend										
Total Claims										

BEST AVAILABLE COPY